# 1AC

## **Framing**

#### The standard is maximizing well-being. Prefer: Pleasure and Pain are intrinsically good and bad and explain all of our actions.

#### [1]it’s binding---if I put my hand on a hot stove, I’d pull it back even before a signal is sent to my brain---pleasure and pain always guide action

#### [2] Actor specificity—governments must use util because the only way to make policy is to weigh aggregate costs and benefits

#### [3] Threats to bodily security make it impossible to make decisions under any other framework --- we always act to preserve well-being. Means util is a prerequisite.

#### Prefer additionally:

#### Util should be used in the context of public health emergencies-- avoids abuses while ensuring just outcomes

K. **Kirkwood 9**. School of Health Studies, Faculty of Health Sciences, University of Western Ontario. 06/01/2009. “In the Name of the Greater Good?” Emerging Health Threats Journal, vol. 2, no. 0. CrossRef, doi:10.3402/ehtj.v2i0.7092.

Public health authorities in many economically advantaged nations are bracing themselves to face **future pandemics** that will harm **large numbers of citizens**. Modern medical horrors such as Monkeypox or the much-feared future mutations of Avian Influenza (H5N1) are mentioned in the same breath as virulent strains of influenza, as a danger to our ‘way of living.’ Far beyond sickness and large numbers of death, an outbreak of one of these pandemics poses a real threat to long-term health, as well as to the social and economic well being of significant percentages of our surviving population.1 While confronting issues brought forth by a pandemic, the fundamental nature of ‘public health’ and its focus on the welfare of a population demands special attention to **util**itarian **considerations** of promotion of the **greatest good**—in this case, health—as well as the limitation of **illness and death in the ‘worst-case’ scenarios posed by the most lethal of pandemics**. Of particular interest to this paper are questions related to the obligation of health-care workers (HCWs) to report to work in the face of heightened immunological threat and whether those same workers should have greater access to immunizations and treatments than should non-HCWs. Utilitarianism within public health ethics The fundamental feature of the ethical theory of utilitarianism states that moral behavior is that which **promotes good and minimizes harm**.2 In writings based on public health, **utilitarianism** is widely recognized as a fragment in the ethical ‘scheme’ of public health,3 but it is not afforded a stronger role for two primary reasons: first, considering its **extreme position**, utilitarianism is **morally problematic**,4 as it could **literally permit anything** in the name of the ‘greatest good to the greatest number,’ and second it is virtually **impossible to live a moral life** under the most extreme forms of utilitarianism, because the obligations are too **difficult to discern** (the ‘what’ of promoting the good) and impossible to **execute** (the ‘how’).5 Utilitarianism, in a **moderate form**, used in public health ethics, means that our actions and policies should be focused on **increas**ing **the total ‘net’ goodness** rather than an average ‘net’ good for each person. The institutions of individual rights and the recognition of patient autonomy are **not contradictory** to this, but are believed to **serve the overall good**, as individual benefit increases the total good, and serves as a preventative measure of unjustified majoritarian actions against smaller groups. This model of utilitarianism is evident in many aspects of public healthFnot only through health-promotion projects that encourage the otherwise illness-free individuals to take up a more healthful diet and exercise regimen but also through harm-reduction programs, in which people with negative health behaviors such as abuse of drugs or dietary fats are aided to eliminate, or at least minimize the harm they cause to those around them. In everyday practice, the force of this utilitarian aspect has a **supportive role** along with other ethical elements of public health practice, and presents a **balanced moral justification** for all actions undertaken in accordance with this practice.6 However, I contend that there must be an **‘escalator clause’** in the utilitarian aspect that suggests that in the event of an **extensive threat to the existence of a population**, the force of this utilitarian aspect becomes the **primary consideration** in proportion to the threat. Therefore, the greater the threat, the **greater the moral force of utilitarianism** in making public health decisions. This also entails that the greater the threat, the greater the **moral impetus to minimize the harm to the population.** On duty, outbreaks, and distribution of resources Obligations to minimize harm and promote the goods of public health are not particularly controversial in times of relatively stable ‘good-health’ measures among the populace. The more troubling question emerges from the scenario in which promoting health and minimizing illness and death demands more from HCWsFhow can, or should, we compel HCWs to attend to their duties in the event that a highly lethal form of communicable disease should start spreading?7 Although current debates focus on questions of duty, and how much personal risk invalidates that commitment, utilitarian aspects of that obligation are not given enough weight in the debate. In many of the debates, the question of risk is posed in terms of how we do not expect a trained ‘first responder’ to recklessly endanger his or her life to save the life of another. The classic story of the lifeguard is offered as exemplar: a lifeguard is not expected to rescue a drowning swimmer if a shark is clearly present.8 Although this statement seems reasonable, it does not justify itself. By contrast, the consideration of the utilitarian aspect makes the point that in attempting to save a life, two are likely to be lost, thus propagating a greater total harm. The same holds true for the example of firefighters rushing into a house badly damaged by an active fire. Although there may be a life on that second floor to save, we do not expect any number of firefighters to sacrifice their lives for the doomed soul because the loss of many, including the original life in peril, is a maximization of harm, when harm should be minimized. When you control for the risks involved, such as using precautions to assure a level of safety for the rescuers, such as shark nets for the lifeguard, or safety gear for the firefighters, then the obligation to assist comes back into full force, as the potential for greater harm is manageable.9 It is the variable of risk, which creates variable demands on those whose duty it is to care for the population in times of crisis. We consider not only the risk to the obligated but also a question of the scope of risk to the population. In academic and public debates regarding the compulsion to attend to duty in the face of danger, one fallacy has been allowed to stand: the notion that exposure to a pandemic can be avoided if one simply does not come to his or her job as a HCW. Although it is true that working in a hospital during times of influenza outbreak puts one at a greater risk for contracting the illness,10 the more widespread the outbreak, the more people become sick, and the more likely the ‘stayat-home’ HCW will become sick even after having avoided contact in the course of his or her duties. We could reasonably state that, by virtue of staying home during a time of need for his or her service, the HCW improves the odds that he or she will contract this illness outside professional practice as part of the greater number who will be exposed. Another feature of the argument offered to defend dereliction of duty is to suggest that this risk that the HCW takes with his or her own health is a fixed variable, and thus should be considered as an exception to duty. On the contrary, it is a common feature of the infection-control literature that states that doctors and nurses are overwhelmingly neglectful toward their own basic infection-control protocols.11 Therefore, the threat is not a fixed variable, but one that is actually quite within the scope of the control of a HCW. Ethically, one cannot willfully or negligently enhance the exceptions to duty. At the same time, it is an obligation of the management to ensure that diligent HCWs are equipped to do all they can to reduce their risks. During the SARS crisis in Toronto, health-care administrators did not effectively communicate which precautions should be undertaken by HCWs to protect themselves.12 It bears mentioning that once clear direction could be given about the type and execution of masking procedures, the intrahospital transmission of SARS decreased to 0%.13 This fact speaks to the issue of risk, as the non-transmission of SARS correlated with the increased attentions of management and staff to infection-control precautions and the provision and use of proper equipment.14 When we speak in terms of risk and pandemics from the utilitarian perspective discussed herein, we recognize that it is completely nonsensible to sacrifice highly trained HCWs by rushing them ill equipped into dangerous situations. Much as with the example of firefighters and the unsafe burning house, we find it morally unacceptable to treat them as disposable, because of the singularity of their lives and their right to exist as individuals. There is also the detriment we would cause in an event such as a pandemic by losing the people trained to save us to the very threat they were trained to save us from. By that same logic, it could be argued that HCWs should have first access to available and medically accepted vaccinations by virtue of the fact that those HCWs are absolutely essential to our survival. The fear of an Avian Influenza outbreak brought with it much debate about scarce Tamiflu supplies and giving HCWs preferential access.15 However, the added value of a HCW is the fact that he or she will be facing the greater risk by virtue of faithful and responsible execution of his or her duty, and if this is trueFand we have seen from the example of SARS that it is not always the case that HCWs exercise due diligence or face unmanageable risks of infection simply by being ‘on-site’Fthen we should do more to protect them. Nevertheless, if the claim is that they can excuse themselves from duty because of risk, then we excuse ourselves from privileging their protection, through the preferential access to measures such as Tamiflu. The same should be true for access to vaccines or treatments: those who are compelled into service to defend the overall health of a society at tremendous risk should be first in line, as their opportunity for infectionFand to act as a vector for infection both within and outside their health-care facilitiesFmeans that the greater good is served by privileging their access to prophylaxis. A common objection to this comes from the perspective of social justice. The objection would point out that those who are least able to prevent their own infection, such as those from the lower socioeconomic classes, retirees and pensioners, and other vulnerable groups, would be denied access to the protections and treatments that are going to HCWs whoFto varying degreesFenjoy more comfortable socioeconomic positions. Although this question of access is valid in questions of many public health interventions, the preference of HCWs in questions of preferential access to vaccines and treatments is not unjust in these terms. Fundamentally, justice addresses unjustified imbalances in treatment. Aristotle famously mandated that equals should be treated as equals, and unequals as unequals.16 The key point of justice is that there should be a valid justification for differential treatment, and in that light, in this context, we are describing pandemics that pose a unique and credible threat to the public in a manner that could **fundamentally undermine our way of life**. Preferential treatment of HCWs, in this limited context, is a just and defensible practice. It is this same special status that we afford those who can save us from the most lethal and dangerous illnesses in times of public health emergency that also places **great**er **demands** on those same people. The **greater the risk to society**, the **greater the responsibilities on those who can reduce the body count**. The relationship between the duty of a HCW and the lethality of a disease is **proportional—danger and obligation increase in step with each other**, as opposed to other conceptions that suggest a threshold of exception as the risk of illness becomes too great. The fundamental flaw with this suggestion is that a negation of duty in such an outbreak simply allows the outbreak to pose an even greater threat to the populationFincluding that same derelict HCWFrather than confronting the illness in the relatively controlled environment of a hospital. Conclusions Utilitarianism in the form of promoting the good and diminishing the bad is a **key moral belief** in the realm of **public health**. It is one view in concert with others, all working to counterbalance each view to achieve a tenable moral equilibrium. In the **extreme cases** under consideration herein, such equilibrium dictates that the moral force of health promotion and harm minimization **increases in relation to the threat posed** to the well being of a **larger society**. In the case of widespread death or disability caused by a pandemic, this paper contended that an increased threat generates a **heightened obligation** on the part of HCWs, while also creating a reasonable expectation that those same HCWs will have preferential access to vaccines and treatments.

#### And stopping extinction comes first under any framework

**Pummer 15** [Theron, Junior Research Fellow in Philosophy at St. Anne's College, University of Oxford. “Moral Agreement on Saving the World” Practical Ethics, University of Oxford. May 18, 2015] brett

There appears to be lot of disagreement in moral philosophy. Whether these many apparent disagreements are **deep and irresolvable**, I believe there is at least one thing it is reasonable to agree on right now, whatever general moral view we adopt: that it is very important to reduce the risk that all intelligent beings on this planet are eliminated by an enormous catastrophe, such as a nuclear war. How we might in fact try to reduce such existential risks is discussed elsewhere. My claim here is only that we – **whether we’re consequentialists, deontologists, or virtue ethicists** – should all agree that **we should try to save the world**. According to consequentialism, we should maximize the good, where this is taken to be the goodness, from an impartial perspective, of outcomes. Clearly one thing that makes an outcome good is that the people in it are doing well. There is little disagreement here.If the happiness or well-being of possible future people is just as important as that of people who already exist, and if they would have good lives, it is not hard to see howreducing existential risk is easily the most important thing in the whole world.This is for the familiar reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. There are so many possible future peoplethat reducing existential risk is arguably the most important thing in the world,even ifthe well-being of these possible people were given only 0.001% as much weight as that of existing people**.** Even on a wholly person-affecting view – according to which there’s nothing (apart from effects on existing people) to be said in favor of creating happy people – the case for reducing existential risk is very strong. As noted in this seminal paper, this case is strengthened by the fact that there’s a good chance that many existing people will, with the aid of life-extension technology, live very long and very high quality lives. You might think what I have just argued applies to consequentialists only. There is a tendency to assume that, if an argument appeals to consequentialist considerations (the goodness of outcomes), it is irrelevant to non-consequentialists. But **that is a huge mistake**. Non-consequentialism is the view that there’s more that determines rightness than the goodness of consequences or outcomes; it is not the view that the latter don’t matter. Even John Rawls wrote, “All ethical doctrines worth our attention take consequences into account in judging rightness. One which did not would simply be irrational, crazy.” Minimally plausible versions of deontology and virtue ethics must be concerned in part with promoting the good, from an impartial point of view. They’d thus imply very strong reasons to reduce existential risk, at least when this doesn’t significantly involve doing harm to others or damaging one’s character. What’s even more surprising, perhaps, is that even if our own good (or that of those near and dear to us) has much greater weight than goodness from the impartial “point of view of the universe,” indeed even if the latter is entirely morally irrelevant, we may nonetheless have very strong reasons to reduce existential risk. Even egoism, the view that each agent should maximize her own good, might imply strong reasons to reduce existential risk. It will depend, among other things, on what one’s own good consists in. If well-being consisted in pleasure only, it is somewhat harder to argue that egoism would imply strong reasons to reduce existential risk – perhaps we could argue that one would maximize her expected hedonic well-being by funding life extension technology or by having herself cryogenically frozen at the time of her bodily death as well as giving money to reduce existential risk (so that there is a world for her to live in!). I am not sure, however, how strong the reasons to do this would be. But views which imply that, if I don’t care about other people, I have no or very little reason to help them are not even minimally plausible views (in addition to hedonistic egoism, I here have in mind views that imply that one has no reason to perform an act unless one actually desires to do that act). To be minimally plausible, egoism will need to be paired with a more sophisticated account of well-being. To see this, it is enough to consider, as Plato did, the possibility of a ring of invisibility – suppose that, while wearing it, Ayn could derive some pleasure by helping the poor, but instead could derive just a bit more by severely harming them. Hedonistic egoism would absurdly imply she should do the latter. To avoid this implication, egoists would need to build something like the meaningfulness of a life into well-being, in some robust way, where this would to a significant extent be a function of other-regarding concerns (see chapter 12 of this classic intro to ethics). But once these elements are included, we can (roughly, as above) argue that this sort of egoism will imply strong reasons to reduce existential risk. Add to all of this Samuel Scheffler’s recent intriguing arguments (quick podcast version available here) that most of what makes our lives go well would be undermined if there were no future generations of intelligent persons. On his view, my life would contain vastly less well-being if (say) a year after my death the world came to an end. So obviously if Scheffler were right I’d have very strong reason to reduce existential risk. **We should also take into account moral uncertainty.** What is it reasonable for one to do, when one is uncertain not (only) about the empirical facts, but also about the moral facts? I’ve just argued that there’s agreement among minimally plausible ethical views that we have strong reason to reduce existential risk – not only consequentialists, but also deontologists, virtue ethicists, and sophisticated egoists should agree. But even those (hedonistic egoists) who disagree should have a significant level of confidence that they are mistaken, and that one of the above views is correct. Even if they were 90% sure that their view is the correct one (and 10% sure that one of these other ones is correct), they would have pretty strong reason, from the standpoint of moral uncertainty, to reduce existential risk.Perhaps most disturbingly still, even if we are only 1% sure that the well-being of possible future people matters, it is at least arguable that, from the standpoint of **moral uncertainty**, reducing existential risk is the most important thing in the world.Again, this is largely for the reason that there are so many people who could exist in the future – there are trillions upon trillions… upon trillions. (For more on this and other related issues, see this excellent dissertation). Of course, it is uncertain whether these untold trillions would, in general, have good lives. It’s possible they’ll be miserable. It is enough for my claim that there is moral agreement in the relevant sense if, at least given certain empirical claims about what future lives would most likely be like, **all minimally plausible moral views would converge on the conclusion that we should try to save the world**. While there are some non-crazy views that place significantly greater moral weight on avoiding suffering than on promoting happiness, for reasons others have offered (and for independent reasons I won’t get into here unless requested to), they nonetheless seem to be fairly implausible views. And even if things did not go well for our ancestors, I am optimistic that they will overall go fantastically well for our descendants, if we allow them to. I suspect that most of us alive today – at least those of us not suffering from extreme illness or poverty – have lives that are well worth living, and that things will continue to improve. Derek Parfit, whose work has emphasized future generations as well as agreement in ethics, described our situation clearly and accurately: “We live during the hinge of history. Given the scientific and technological discoveries of the last two centuries, the world has never changed as fast. We shall soon have even greater powers to transform, not only our surroundings, but ourselves and our successors. If we act wisely in the next few centuries, humanity will survive its most dangerous and decisive period. Our descendants could, if necessary, go elsewhere, spreading through this galaxy…. Our descendants might, I believe, make the further future very good. But that good future may also depend in part on us. If our selfish recklessness ends human history, we would be acting very wrongly.” (From chapter 36 of On What Matters)

### Contention 1 is COVID-19

#### TRIPS hindering access to COVID vaccines—current regulations don’t solve

**Kumar 7-12** Rajeesh Kumar, Rajeesh Kumar is Associate Fellow at Manohar Parrikar Institute for Defence Studies and Analyses, New Delhi., 7-12-2021, "WTO TRIPS Waiver and COVID-19 Vaccine Equity," Manohar Paprikar Institute for Defence Studies and Analyses, https://idsa.in/issuebrief/wto-trips-waiver-covid-vaccine-rkumar-120721, accessed 7/22/2021 EH recut AHS

COVID-19 and TRIPS Waiver **Two** significant **factors rekindled the debate on TRIPS waiver for essential medical products—first, vaccine inequity, and second,** the **insufficiency of existing waiver provisions in fighting** the **COVID-**19 pandemic. COVID-19 is an exceptional circumstance, and **equitable global access to the vaccine is necessary to bring the pandemic under control**. However, **the world is witnessing** quite **the reverse**, i.e., **vaccine nationalism**. Vaccine nationalism is “**my nation first” approach** to securing and stockpiling vaccines before making them available in other countries. **A** **TRIPS waiver would be** instrumental **in addressing the growing inequality in the production, distribution, and pricing of the COVID-**19 **vaccines.** Vaccine Inequity According to Duke Global Health Innovation Center, which monitors COVID-19 vaccine purchases, **rich nations representing** just **14 per cent of the world population** have **bought up** to **53 per cent of the most promising vaccines** so far. As of 4 July 2021, the high-income countries (HICs) purchased **more than half** (6.16 billion) vaccine **doses sold globally**. At the same time, the **low-income countries (LICs**) **received only 0.3 per cent** of the vaccines produced. The low and middle-income countries (**LMICs**), which **account for 81 per cent of the** global adult **population, purchased 33 per cent,** and **COVAX** (COVID-19 Vaccines Global Access) has **received 13** per cent.10 Many **HICs bought enough** doses **to vaccinate their populations several times over**. For instance, Canada procured 10.45 doses per person, while the UK, EU and the US procured 8.18, 6.89, and 4.60 doses per inhabitant, respectively.11 Source:“Tracking COVID-19 Vaccine Purchases Across the Globe”, Duke Global Health Innovation Center, Updated 9 July 2021. Consequently, **there is** a **significant disparity between HICs and LICs** in vaccine administration as well. As of 8 July 2021, **3.32 billion vaccine doses had been administered globally.**12 Nonetheless, **only one per cent of people in LICs have been given at least one dose**. While **in HICs** almost **one in four** people **have** **received** the **vaccine**, **in LICs,** it is **one in** **more than** **500**. The World Health Organization (WHO) notes that about 90 per cent of African countries will miss the September target to vaccinate at least 10 per cent of their populations as a third wave looms on the continent.13 **South Africa, the** most affected African country, for instance, has vaccinated less than two per cent of its population of about 59 million. This is in contrast with the **US** where almost **47.5 per cent of the population** of more than 330 million has been fully vaccinated. In Sub-Saharan Africa, vaccine rollout remains the slowest in the world. According to the International Monetary Fund (IMF), at current rates, by the end of 2021, a massive global inequity will continue to exist, with Africa still experiencing meagre vaccination rates while other parts of the world move much closer to complete vaccination.14 This **vaccine inequity is** not only morally indefensible but also clinically **counter-productive**. If this situation prevails, **LICs could be waiting until 2025 for vaccinating half of their people**. Allowing most of the world’s population to go unvaccinated **will also** **spawn new virus mutations, more contagious viruses leading to a steep rise in COVID-19 cases**. Such a scenario could **cause twice as many deaths as against distributing them globally**, on a priority basis. **Preventing this humanitarian catastrophe requires removing** all **barriers** to the production and distribution of vaccines. **TRIPS is one** such barrier that prevents vaccine production in LMICs and hence its equitable distribution. TRIPS: Barrier to Equitable Health Care Access The opponents of the waiver proposal argue that IPR are not a significant barrier to equitable access to health care, and existing TRIPS flexibilities are sufficient to address the COVID-19 pandemic. However, **history suggests** the **contrary**. For instance, when South Africa passed the Medicines and Related Substances Act of 1997 to address the HIV/AIDS public health crisis, nearly 40 of world’s largest and influential pharma companies took the South African government to court over the violation of TRIPS. The Act, which invoked the compulsory licensing provision, allowed South Africa to produce affordable generic drugs.15 The Big Pharma also lobbied developed countries, particularly the US, to put bilateral trade sanctions against South Africa.16 Similarly, when Indian company Cipla decided to provide generic antiretrovirals (ARVs) to the African market at a lower cost, Big Pharma retaliated through patent litigations in Indian and international trade courts and branded Indian drug companies as thieves.17 Another instance was when Swiss company Roche initiated patent infringement proceedings against Cipla’s decision to launch a generic version of cancer drug, “erlotinib”. Though the Delhi High Court initially dismissed Roche's appeal by citing “public interest” and “affordability of medicines,” the continued to pressure the generic pharma companies over IPR. 18 Likewise, Pfizer’s aggressive patenting strategy prevented South Korea in developing pneumonia vaccines for children.19 A recent document by Médecins Sans Frontières (MSF), or Doctors Without Borders, highlights **various instances** of how **IP hinders manufacturing and supply of diagnostics, medical equipment, treatments and vaccines** during the COVID-19 pandemic. **For instance**, **during the peak** of the COVID-19 first wave **in Europe**, **Roche rejected** a **request** from the Netherlands **to release the recipe of key chemical reagents needed to increase** the **production of diagnostic kits**. **Another example** was **patent holders threatening producers of 3D printing ventilators with patent infringement lawsuits in Italy**.20 The MSF also found that **patents pose a severe threat to access to affordable versions of newer vaccines.21**

#### And COVID vaccines are ineffective soon unless we get global access

**Dransfield 21** Sarah Dransfield, 3-30-2021, “Two-thirds of epidemiologists warn mutations could render current COVID vaccines ineffective in a year or less”, https://www.oxfam.org/en/press-releases/two-thirds-epidemiologists-warn-mutations-could-render-current-covid-vaccines, accessed 7/23/2021 EH

**Epidemiologists from** some of the **world’s leading academic institutions delivered a stark warning** today of **the risk the world is taking by failing to ensure all countries have sufficient vaccines to protect people from COVID-19**. In a survey of 77 epidemiologists from 28 countries, carried out by The People’s Vaccine Alliance, **two-thirds thought that we had a year or less before the virus mutates to the extent that the majority of first-generation vaccines are** rendered **ineffective and new or modified vaccines are required**. Of those surveyed, almost **a third gave** a timeframe of **nine months or less**. Fewer than one in eight said they believed that mutations would never render the current vaccines ineffective. The overwhelming majority - **88 per cent - said** that persistent **low vaccine coverage** in many countries would **make it more likely for vaccine resistant mutations** to appear. The People’s Vaccine Alliance, a coalition of over 50 organisations including African Alliance, Oxfam, Public Citizen and UNAIDS warned that **at the current rate** it was likely that **only 10 per cent of people in the majority of poor countries will be vaccinated in the next year.** Nearly three-quarters of those surveyed - who included epidemiologists, virologists and infectious disease specialists from institutions including Johns Hopkins, Yale, Imperial College, London School of Hygiene and Tropical Medicine, Cambridge University, the University of Edinburgh and The University of Cape Town - said that **open sharing of technology and** i**ntellectual** p**roperty** **could increase global vaccine coverage**. The People's Vaccine Alliance is calling for the lifting of pharmaceutical monopolies and the sharing of technology to urgently boost vaccine supply. Devi Sridhar, Professor of Global Public Health at the University of Edinburgh, said: “**The more the virus circulates, the more likely it is that mutations and variants will emerge**, which could **make** our **current vaccines ineffective**. At the same time, **poor countries are being left behind** without vaccines and basic medical supplies like oxygen. “As we've learned, **viruses don't care about borders**. We have to vaccinate as many people as possible, everywhere in the world, as quickly as possible. Why wait and watch instead of getting ahead of this?” While he didn’t specify a timeframe, Gregg Gonsalves, Associate Professor of Epidemiology at Yale University, echoed the urgency to vaccinate globally. Gonsalves said: “With millions of people around the world infected with this virus, new mutations arise every day. Sometimes they find a niche that makes them more fit than their predecessors. These lucky variants could transmit more efficiently and potentially evade immune responses to previous strains. **Unless we vaccinate the world, we leave the playing field open to more and more mutations**, which could **churn out variants** **that** could **evade our current vaccines** **and** require booster shots to deal with them. “**We all have a self-interest in ensuring that everyone around the world, no matter where they live have access to COVID-19 vaccines.** The virus doesn’t respect borders and **new variants somewhere** on the planet **mean none of us are safe.”** Quarraisha Abdool Karim, Associate Scientific Director of CAPRISA and Professor in Clinical Epidemiology at Columbia University, said: “As nations start to expand their vaccination programmes we are once again reminded about our inter-dependence. **High coverage** rates and herd immunity **in one** country or **region** of the world **while others**, particularly low- and middle-income countries, continue to **wait** in line will **create the perfect environment for the virus to** continue to **mutate and negate** the **benefits of any vaccine protection**. “In contrast, **there are** **enormous benefits for everyone to have** more **equitable access** to available doses of vaccines and achieve herd immunity globally sooner. As scientists, advocates, and decision-makers we must ensure that as many people are vaccinated all over the world and as soon as possible **so** that we can all focus our efforts in rebuilding our communities, livelihoods, and economies and know that **we are all safe from COVID**-19 **and** be **better prepared for the next pandemic.”** The survey shows that it is imperative for the safety of all citizens in all countries that people in developing countries are vaccinated as soon as possible. **Failure to tackle global vaccine inequality heightens the risk of further mutations.** Despite this imperative, rich country defence of the monopolies of pharmaceutical giants mean that global supplies are being artificially rationed, with a handful of companies deciding who lives and who dies. Earlier this month, rich countries blocked a proposal to waive intellectual property rights for COVID-19 vaccines. The People’s Vaccine Alliance urges them to reconsider when talks resume at the World Trade Organisation in April. The Alliance is also calling for all pharmaceutical corporations working on COVID-19 vaccines to openly share their technology and intellectual property through the World Health Organization COVID-19 Technology Access Pool, in order to speed up and ramp up the production and rollout of vaccines to all countries. Anna Marriott, Oxfam’s Health Policy Manager, said: “In many rich nations, vaccinated people are starting to feel safer, but **unless we vaccinate all nations, there is a huge risk that the protection offered by vaccines will be shattered by fresh mutations**. “This survey highlights that we need a people’s vaccine, not only to protect people in the world’s poorest countries, but to ensure that people all over the world who’ve already been vaccinated aren’t put at risk again.” **Current vaccines appear** to be at least **partially effective against existing mutations but where new vaccines are needed it will take many months before they are approved for use and even longer to begin rolling them out**. In the meantime, lockdowns and travel bans will continue to be the main protections against rising infections and fatalities. New **vaccine recipes will also be subject to the same** pharmaceutical **monopolies, further restricting access** **for** the rest of the world. Dr Mohga Kamal Yanni, Senior Health Policy Advisor to The People Vaccine Alliance, said: “If we were in a war with a country called COVID, would governments leave vital decisions on production, supply and price in the hands of arms producing companies? “Given **vaccines are our most crucial weapon** in the fight **against COVID**-19, **world leaders must** take control to enable the World Health Organisation’s COVID Technology Access Pool to **facilitate sharing of** **technology and** **I**ntellectual **P**roperty **so** that **all capable companies can maximise global vaccine production.”**

#### **New waves accelerate global instability---food insecurity, polarization, and civil wars**

**Labott 7-22** Elise Labott [a columnist at Foreign Policy and an adjunct professor at American University’s School of International Service.], 7-22-2021, "Get Ready for a Spike in Global Unrest," Foreign Policy, https://foreignpolicy.com/2021/07/22/covid-global-unrest-political-upheaval/, accessed 7/25/2021 EH

**To call 2021 the summer of discontent would be a severe understatement**. From Cuba to South Africa to Colombia to Haiti, often **violent protests** are **sweeping every corner of the globe** as angry citizens are taking to the streets. **Each country** has different histories and realities on the ground, particularly in Haiti, where years of violence and government corruption culminated two weeks ago in the assassination of President Jovenel Moïse. But they **all faced a perfect storm of preexisting social, economic, and political hardships,** **which** fallout from the **COVID**-19 pandemic **only inflamed further**. And they are merely a foreshadowing of the post-coronavirus global tinderbox that’s looming as **existing tensions** in countries across the world **morph into broader civil unrest and uprisings against economic hardships and inequality deepened by the pandemic**. The coronavirus pandemic was a once-in-a-century crisis that not only shocked countries’ existing health systems but also demanded a response that impacted—and was itself shaped by—economic, political, and security considerations. The efforts to contain it may have curbed fatalities in the short term but have inadvertently deepened vulnerabilities that laid the groundwork for **longer-term violence, conflict, and political upheaval and should serve as a danger sign to world leaders** as countries reopen—including in the United States. **History is full of examples of pandemics being incubators of social unrest**, from the Black Death to the Spanish flu to the great cholera outbreak in Paris, immortalized in Victor Hugo’s Les Miserables. **Underlying** it all **this time around** **is a pervasive inequality**. COVID-19 has ripped open economic divides and made life harder for already vulnerable groups, including women and girls and minority communities. It has also **exposed weaknesses in food security** and dramatically increased the number of people affected by chronic hunger. The United Nations estimates around **one-tenth of the global population**—between 720 million people and 811 million—**were undernourished last year**. The impacts of climate change and environmental degradation have only compounded the despair. Take **the Sahel**, where, due to a toxic cocktail of conflict, COVID-19 lockdowns, and climate change, the scale and severity of food insecurity continues to rise. Countries such as Ethiopia and Sudan are among the world’s worst humanitarian crises, **with catastrophic levels of hunger**. Droughts and locusts are coming at a critical time for farmers ready to plant crops and are stopping herders in their tracks from driving their livestock to greener pastures. **The global vaccine shortage is fueling the instability**. A **majority of Africa is lagging far behind** the world in vaccinations, meaning **COVID**-19 **will continue to constrain national economies and**, in turn, **become a source of** potential **political instability**. The **same** is true **for** much of **Latin America and Asia**, where **countries don’t have enough vaccines** to protect their populations and simmering sources of protest—such as rising living costs and deepening inequalities—are more likely to boil over. The global risk firm Verisk Maplecroft has warned that as many as 37 countries could face large protest movements for up to three years. A new study by Mercy Corps examining the **intersection of COVID**-19 **and conflict found concerning trends that warn of potential for new conflict, deepening existing conflict, and worsening insecurity and instability shaped by the pandemic** response. The group found a collapse of public confidence in governments and institutions was a key driver of instability. People in fragile states, already suffering from diminished trust in their government, have felt further abandoned as they face disruptions in public services, rising food prices, and massive economic hardships, such as unemployment and reduced wages. Supply chains disrupted during the pandemic have seen food prices skyrocket, while in the global recession **humanitarian aid budgets are being slashed**, bringing many countries to the brink of famine. For the first time in 22 years, extreme poverty—people living on less than $1.90 a day—was on the rise last year. Oxfam International estimates that “it could take more than a decade for the world’s poorest to recover from the economic impacts of the pandemic.” The shocks caused by **the pandemic have also eroded social cohesion, further fraying relations between communities and deepening polarization**. That is especially true in the United States, where social and political pressures both deepened the health crisis and were themselves worsened by it. All of this should serve as a clarion call to countries that they can’t prepare for, or respond to, future health crises in a vacuum—but must anticipate an economic, political, and social crisis. This is true for any severe shock, which brings the potential for a breakdown in public order. Trends show the social scarring from such shocks don’t show up for years, and the coronavirus pandemic is unlikely to be an exception. Lockdowns and crisis-induced displays of national unity have masked the full effect of the pandemic, which will become more apparent once the economic reopening gets into full swing. **The non-health impacts of COVID-19 will far outlast the disease.**

#### Civil wars go nuclear

**Kampf 20**, David Kampf is a senior PhD fellow at the Center for Strategic Studies at The Fletcher School. WPR June 16, 2020. “How COVID-19 Could Increase the Risk of War” <https://www.worldpoliticsreview.com/insights/28843/how-covid-19-could-increase-the-risk-of-war> brett

And by focusing solely on interstate wars, the optimists miss half the story, at least. Wars between states have declined, but civil wars never disappeared—and these internal conflicts could easily escalate into regional or global wars.

The number of conflicts in the world reached its highest point since World War II in 2016, with 53 state-based armed conflicts in 37 countries. All but two of these conflicts were considered civil wars. To make matters worse, new studies have shown that **civil wars are becoming longer, deadlier and harder to conclusively end**, and that these internal conflicts are not really internal. Civil wars harm the economies and stability of neighboring countries, since armed groups, refugees, illicit goods and diseases all spill over borders. Some 10 million refugees have fled to other countries since 2012. The countries that now host them are more likely to experience war, which means states with huge refugee populations like Lebanon, Jordan and Turkey face legitimate security challenges. Even after the threat of violence has diminished in refugees’ countries of origin, return migration can reignite conflicts, repeating the brutal cycle.Perhaps most importantly, **recent research indicates** that **civil wars increase** the risk of **interstate war**, in large part because they are attracting more and more outside involvement. In a 2008 paper, researchers Kristian Skrede Gleditsch, Idean Salehyan and Kenneth Schultz explained that, in addition to the spillover effects, two other factors in civil wars increase **international tensions** and could possibly provoke wider interstate wars: **external interventions** in support of rebel groups and **regime attacks on insurgents across** international **borders**. Immediately after the Cold War, none of the ongoing civil wars around the world were internationalized. According to the Uppsala Conflict Data Program, there were 12 full-fledged civil wars in 1991—in Afghanistan, Iraq, Peru, Sri Lanka, Sudan, and elsewhere—and foreign militaries were not active on the ground in any of them. Last year, by contrast, every single full-fledged civil war involved **external military participants**. This is due, in part, to the huge growth in U.S. military interventions abroad into civil conflicts, but it’s not only the Americans. All of today’s major wars are in essence proxy wars, pitting external rivals against one another. **Conflicts** in Syria, Yemen and Libya **are best understood** not as civil wars, but **as international warzones**, attracting meddlers including the **U**nited **S**tates**, Russia, Saudi Arabia, Turkey, Iran, France** and **many others**, which often intervene not to build peace, but to resolve conflicts in a way that is favorable to **their own interests**. These **internationalized wars** are more lethal, harder to resolve and possibly more likely to recur than **civil wars** that remain localized. It is not that difficult to imagine how these conflicts could **spark wider** **international conflagrations**. Wars, after all, **can quickly spiral out of control**. To make matters worse, most of the global trends that explained why interstate war had decreased in recent decades are now reversing. The theories that democracy, prosperity, cooperation and other factors kept the peace have been much debated—but if there was any truth to them, their reversals are likely to increase the chance of war, irrespective of how long the coronavirus pandemic lasts. Democracy is often considered a prophylactic for war. Fully democratic countries are less likely to experience civil war and rarely, if ever, go to war with other democracies—though, of course, they do still go to war against non-democracies. While this would be great news if democracy and pluralism were spreading, there have now been 14 consecutive years of global democratic decline, and there have been signs of additional authoritarian power grabs in countries like Hungary and Serbia during the pandemic. If democracy backslides far enough, internal conflicts and foreign aggression will become more likely. Other theories posit that economic bonds between countries have limited wars in recent decades. Dale Copeland, a professor of international relations at the University of Virginia, has argued that countries work to preserve ties when there are high expectations for future trade, but war becomes increasingly possible when trade is predicted to fall. If globalization brought peace, the recent wave of far-right nationalism and populism around the world may increase the chances of war, as tariffs and other trade barriers go up—mostly from the United States under President Donald Trump, who has launched trade wars with allies and adversaries alike. The coronavirus pandemic immediately elicited further calls to reduce dependence on other countries, with Trump using the opportunity to pressure U.S. companies to reconfigure their supply chains away from China. For its part, China made sure that it had the homemade supplies it needed to fight the virus before exporting extras, while countries like France and Germany barred the export of face masks, even to friendly nations. And widening economic inequalities, a consequence of the pandemic, are not likely to enhance support for free trade. This assault on open trade and globalization is just one aspect of a decaying liberal international order, which, its proponents argue, has largely helped to preserve peace between nations since World War II. But that old order is almost gone, and in all likelihood isn’t coming back. The U.N. Security Council appears increasingly fragmented and dysfunctional. Even before Trump, the world’s most powerful country ratified fewer treaties per year under the Obama administration than at any time since 1945. Trump’s presidency only harms multilateral cooperation further. He has backed out of the Paris Agreement on climate change, reneged on the Iran nuclear deal, picked fights with allies, questioned the value of NATO and defunded the World Health Organization in the middle of a global health crisis. **Hyper-nationalism**, rather than international collaboration, **was the default response to** the **coronavirus** outbreak in the U.S. and many other countries around the world. It’s hard to see the U.S. reluctance to lead as anything other than a sign of its inevitable, if slow, decline. The country’s institutionalized inequalities and systemic racism have been laid bare in recent months, and it no longer looks like a beacon for others to follow. The global balance of power is changing. China is both keen to assert a greater leadership role within traditionally Western-led institutions and to challenge the existing regional order in Asia. Between a rising China, revanchist Russia and new global actors, including non-state groups, we may be heading toward an increasingly multipolar or nonpolar world, which could prove destabilizing in its own right. Finally, the pacifying effect of nuclear weapons could be waning. While vast nuclear arsenals once compelled the United States and the Soviet Union to reach arms control agreements, old treaties are expiring and new talks are breaking down. Mistrust is growing, and **the chance of an unwanted** U.S.-Russia **nuclear confrontation is** arguably as **high** as it has been since the Cuban missile crisis. The theory of nuclear peace may no longer hold if more **countries are tempted to obtain their own nuclear deterrent**. Trump’s decision to abandon the Iran nuclear deal, for one thing, has only increased the chance that Tehran will acquire nuclear weapons. It’s almost easy to forget that, just a few short months ago, the United States and Iran were one miscalculation or dumb mistake away from waging all-out war. And despite Trump’s efforts to negotiate nuclear disarmament with Kim Jong Un’s regime in Pyongyang, it is wishful thinking to believe North Korea will give up its nuclear weapons. At this point, negotiators can only realistically try to ensure that North Korea’s nuclear menace doesn’t get even more potent. In other words, by turning inward, the United States is choosing to leave other countries to fend for themselves. The end result may be a less stable world with more nuclear actors. If leaders are smart, they will take seriously the warning signs exposed by this global emergency and work to reverse the drift toward war. If only one of these theories for peace were worsening, concerns would be easier to dismiss. But together, they are unsettling. While the world is not yet on the brink of World War III and no two countries are destined for war, the odds of avoiding future conflicts don’t look good. The pandemic is already degrading democracies, harming economies and curtailing international cooperation, and it also seems to be fostering internal instability within states. Rachel Brown, Heather Hurlburt and Alexandra Stark argue that the coronavirus could in fact sow more civil conflict. If this proves accurate, the increase in civil wars is likely to lead to more external meddling, and these next proxy wars could soon precipitate all-out international conflicts if outsiders aren’t careful. With the usual deterrents to conflict declining around the world, major wars could soon return. Preventing the Next Major War Regardless of what happens whenever the pandemic is resolved, it will be tempting to point to the coronavirus as the cause. But the shape of the post-pandemic world was forming long before the virus began to spread. The risk of war was already rising. If leaders are smart, they will take seriously the warning signs exposed by this global emergency and work to reverse the drift toward war. Countries, particularly the United States, need to fight the urge to turn inward and increase defense spending at any sign of trouble. Further militarizing foreign engagements will only enflame tensions and make matters worse. No country can shoot its way out of worsening circumstances. Instead, the United States should take the lead, reducing its military commitments and avoiding any ill-advised military interventions. Foreign relations should be characterized by diplomacy and development, not defense. The United States will need to make up with its friends and reengage in multilateral efforts to tackle global problems and resolve ongoing civil wars. International institutions should be consolidated and modernized to better respond to an unstable world with gathering threats like infectious diseases, climate change, growing inequality and demographic shifts. With the international order slowly crumbling and the United States retreating to focus on its own internal problems, the tendency for other countries will be to enhance their own border protections. But even in the absence of U.S. leadership, other countries are better served by increasing their international diplomacy and engagement, rather than buttressing their own defenses. **The coronavirus has exposed** the preexisting **conditions for major war**. **How countries respond will help determine whether or not the pandemic will hasten the drift toward more conflict, or if that trend can be reversed.**

#### Even small arsenals cause extinction.

**Trevithick and Rogoway ’19** [Joseph and Tyler; February 27; Military Analyst, M.A. in Conflict Resolution from Georgetown University, B.A. in the History and Policy of International Relations at Carnegie-Mellon University; Defense Journalist; The Drive, “Yes, India And Pakistan Could End The World As We Know It Through A Nuclear Exchange,” <https://www.thedrive.com/the-war-zone/26674/yes-india-and-pakistan-could-end-the-world-as-we-know-it-through-a-nuclear-exchange>; RP]

A global threat India and Pakistan's nuclear arsenals are tiny compared to those of the [United States and Russia](http://thedrive.com/the-war-zone/26013/russia-says-its-own-new-weapons-are-exempt-after-accusing-u-s-of-violating-nuclear-arms-deal), and these weapons are focused primarily on deterring each other, but that does **not mean** they're **purely regional** threats. Unlike conventional weapons, nuclear weapons create **lasting** and **far-reaching** effects that scientists have posited could **upend life on Earth** if warring parties were to use them in sufficient numbers. [In 2012](http://climate.envsci.rutgers.edu/pdf/RobockToonSAD.pdf), Alan Robock, a distinguished professor in the Department of Environmental Sciences and Associate Director of the Center for Environmental Prediction at Rutgers University, and Owen Brian Toon, a professor in the Department of Atmospheric and Oceanic Sciences and a research associate at the Laboratory for Atmospheric and Space Physics at the University of Colorado, Boulder, argued that **it might not take a** large amount **of** nuclear **weapons to create** a scenario commonly known as "[**Nuclear Winter**](https://en.wikipedia.org/wiki/Nuclear_winter)." In general, this hypothesized event occurs when smoke and soot from nuclear **explosions block** significant amounts of sunlight from reaching the earth's surface, leading to a precipitous drop in temperatures that **results in** mass crop failure **and** **widespread famine**. Robcock and Toon summarized their findings, which were based in part on their previous work, in an article in the Bulletin of The Atomic Scientists, [writing](http://climate.envsci.rutgers.edu/pdf/RobockToonSAD.pdf): **"Even a '**small**'** nuclear war between **India** and **Pakistan**, with each country detonating **50 Hiroshima-size** atom bombs – only about **0.03 percent** of the global nuclear arsenal's explosive power – as airbursts in urban areas, could produce so much smoke that temperatures would fall below those of the [Little **Ice Age**](https://en.wikipedia.org/wiki/Little_Ice_Age) of the fourteenth to nineteenth centuries, shortening the growing season around the world and threatening the global food supply. Furthermore, there would be massive **ozone depletion**, allowing more ultraviolet radiation to reach Earth's surface. Recent studies predict that agricultural production in parts of the United States and China would decline by about 20 percent for four years, and by 10 percent for a decade. The bomb the United States dropped on Hiroshima Japan, known as [Little Boy](https://en.wikipedia.org/wiki/Little_Boy), was an inefficient and essentially experimental design with a yield of around 15 kilotons. The reported results from [Indian](https://en.wikipedia.org/wiki/List_of_nuclear_weapons_tests_of_India) and Pakistani **nuclear testing** indicate that both countries can **meet this threshold** and both countries' weapons programs have almost certainly matured in the decades since. In previous studies, Robcock, working with others, postulated that temperature changes could begin within 10 days of a limited nuclear exchange and the effects from the detonations of 100 nuclear weapons in the 15-kiloton class would directly result in the deaths of [at least 20 million people](http://www.nucleardarkness.org/warconsequences/fivemilliontonsofsmoke/). The **second order** impacts would be even worse in the years that followed. In 2014, Michael Mills and Julia Lee-Taylor, both then working at the federally-funded National Center for Atmospheric Research's (NCAR) Earth System Laboratory, authored another paper with Robcock and Toon. This [study concluded](https://web.archive.org/web/20140308191334/http:/acd.ucar.edu/~mmills/pubs/2014_EarthsFuture_Mills_et_al.pdf) again that detonation of 100 15-kiloton yield bombs in a **purely regional** conflict would result in "multi-decadal **global cooling**" and "would put significant pressures on global food supplies and could trigger a global **nuclear famine**." It is important to note that [critics have questioned](https://en.wikipedia.org/wiki/Nuclear_winter#Critical_response_to_the_more_modern_papers) whether the Nuclear Winter concept relies on too many assumptions and would ever actually occur. At the center of many of these rebuttals are debates about whether the nuclear explosions would truly create the amount of smoke and soot necessary for major climate change, as well as the specific conditions for those particles to remain in the atmosphere for a prolonged period of time. The studies here do indicate significant impacts based on a relatively limited number of nuclear detonations of smaller yield devices, though. But even if the impacts are less pronounced than projected in this particular scenario, they could be far more severe if India and Pakistan were to use a larger number weapons and/or ones of **higher yields**, which both belligerents readily have. In addition, Nuclear Winter is just **one** of the potential things that might happen following a nuclear exchange between the longtime foes. A **detonation** of **dozens** of nuclear weapons, **even small ones**, **would throw** hazardous nuclear fallout [**into the air**](http://thedrive.com/the-war-zone/19450/u-s-training-for-arctic-nuclear-satellite-disaster-amid-russian-weapons-developments) that, depending on the weather pattern, could **carry** that **material** [far and wide](https://futureoflife.org/background/us-nuclear-targets/?cn-reloaded=1#nukemap), causing both near- and short-term health impacts. The various [ground zeroes](https://nuclearsecrecy.com/nukemap/) themselves would be irritated and potentially hazardous for many years to come. Depending on where the detonations occur, a nuclear exchange could potentially cut people off from critical **water** and **food** supplies, putting increased and potentially unsustainable strains on uncontaminated areas. After the Chernobyl nuclear power plant, situated in Ukraine, [melted down and exploded](https://en.wikipedia.org/wiki/Chernobyl_disaster) in 1986, authorities established a 1,000 square mile restricted access "[exclusion zone](https://en.wikipedia.org/wiki/Chernobyl_Exclusion_Zone)" that remains in place today. There would also be a major danger of **second-order** "spillover" **effects**, as individuals fled affected areas, putting **economic** and **political strains** on neighboring regions. This could **inflame** existing tensions **not directly related** to the inter-state conflict between India or Pakistan or lead to all new and potentially **violent competition** for what might already be **limited resources**. India has already threatened to [**weaponize water** access](https://www.nytimes.com/2019/02/21/world/asia/india-pakistan-water-kashmir.html) in its latest spat with the Pakistanis. Any serious impacts on food and water supplies, or other economic upheavals as a direct or indirect result of the conflict, would have **cascading impact** across **South Asia** and beyond, as well. The very threat of a potential India-Pakistan war of any kind already caused [some negative reactions](https://www.cnbc.com/2019/02/27/indian-air-force-plane-crashes-in-kashmir-says-indian-police-official.html) in regional financial markets. Those markets would **certainly collapse** after an unprecedented nuclear exchange actually occurred, and that is before the long-term physical impacts of such an event would even manifest themselves. Overall, we are talking about a sudden and dramatic geopolitical, financial, and environmental shift that would change our reality in a matter of hours. Even then, the darkness, both figuratively and literally, that could propagate over the weeks, months, and years would be far more damaging. How great is the risk? So far, India and Pakistan have not made any clear indications that the fighting is close to crossing their nuclear thresholds. Pakistan's warnings about the [risks of escalation](http://thedrive.com/the-war-zone/26642/pakistan-promises-retaliation-makes-nuclear-threats-after-indian-jets-bomb-its-territory) seem more calculated to try and prompt India to back down. India itself has a so-called "**no first use**" policy, which means it has publicly pledged to use its nuclear weapons only in retaliation to a nuclear strike. However, experts have increasingly **called into question** whether this is truly the case and whether India might be developing **delivery systems** more suited to a **first strike** should there be a need to shift policies. Pakistan, however, does not have a no first use policy and has insisted on its right to employ **nuclear weapons** to defend itself even in the face of **purely conventional** threat. Pakistani officials have, in the past, [specifically cited this policy](https://www.cfr.org/event/promoting-us-pakistan-relations-future-challenges-and-opportunities) as way of **deterring India**, which has a much larger and in some cases more advanced conventional force, and preventing larger wars. The concern, then, is that this policy appears to have failed, at least to some degree, with **India's strike** on undisputed **Pakistani territory** on Feb. 26, 2019. India, however, did not target Pakistani forces in that instance and exchanges between the two countries have been limited, at least so far, to the disputed Jammu and Kashmir region, where violent skirmishes occur **semi-regularly** without precipitating a larger confrontation. We can only hope that the two countries will find a diplomatic solution to this latest conflict and avoid any further escalation. **If things** were to **spiral out of control** and lead to the use of **nuclear weapons**, **it would** be something that would threaten **all of humanity**.

### Advocacy

#### Thus we affirm resolved, the member nations of the World Trade Organization ought to reduce intellectual property protections for medicines through a comprehensive waiver of TRIPS that includes provisions for the transfer of technology and expertise.

**ASIL 5/27** Marc Eccleston-Turner and Michelle Rourke, American Society of International Law, May 27, 2021. “The TRIPS Waiver is Necessary, but it alone is not enough to solve equitable access to COVID-19 Vaccines.” ASIL Insights, Volume 25, Issue 9. Marc Eccleston-Turner is a Lecturer of Global Health Law at Keele University. Michelle Rourke is the CSIRO Synthetic Biology Future Science Fellow at Griffith University, Australia. The ASIL a nonprofit, nonpartisan, educational membership organization founded in 1906 and chartered by Congress in 1950. ASIL holds Special Consultative Status to the Economic and Social Council of the United Nations and is a constituent society of the American Council of Learned Societies. <https://www.asil.org/insights/volume/25/issue/9> //AHS

Most notably **absent from contracts** concluded under the PIP Framework to date **is any commitments from manufacturers regarding transfer of technology**. This is despite the fact that **the importance of technology transfer for pandemic preparedness and procurement was stressed** in the reports of the PIP Framework's Advisory Group and the WHO Director-General during negotiations of the PIP Framework.[[22]](https://www.asil.org/insights/volume/25/issue/9#_edn22) It is clear, therefore, that developed country Members of **the WTO need to provide a strong commitment to share know-how** and/or provide economic incentives to pharmaceutical companies based within their territories to actively engage in transfer of technology for COVID-19 vaccines. Doing so **would satisfy their Article 66 TRIPS obligations and demonstrate a clear commitment to fair and equitable vaccine access** for LMICs. A significant amount of the research and development funding for COVID-19 vaccines was paid for with public monies—either directly by developed country governments, or through public initiatives such as COVAX.[[23]](https://www.asil.org/insights/volume/25/issue/9#_edn23) This fact alone highlights the limitations of arguments that the TRIPS waiver and associated measures would destroy free-market incentives for R&D investment. **Yet, it appears no government, while agreeing to heavily subsidize the COVID-19 vaccine R&D, sought to negotiate IP ownership, or impose obligations on manufacturers receiving this funding to actively engage in transfer of technology** to other manufacturers in order to expand any future manufacturing base. Ideally, **access to information and know-how ought to occur through the WHO hub system** (which could be expanded beyond mRNA technology), **rather than on a direct bilateral manufacturer-to-manufacturer basis**, to ensure maximum efficiency and maximum utility from the transfer. If we are to make progress on equitable access to vaccine, **the TRIPS waiver must be promptly passed by WTO Members**, **but until a workable solution to facilitate technology transfer** on vaccine technology **can be found**, **we remain at an impasse on equitable access to medicines**.

#### And the plan is uniquely key to solving COVID-19 now

**Pietromarchi 3/1**

Virginia Pietromarchi March 1, 2021, Al Jazeera. Patently unfair: Can waivers help solve COVID vaccine inequality? Virginia Pietromarchi is an Italian freelance journalist. She holds an MA in Iranian studies from SOAS University of London and has traveled extensively and lived in Iran. She recently completed a degree in international journalism at City University of London and currently collaborates with the Italian national newspaper La Stampa, mostly writing about Iranian affairs. Her work has appeared in Huffington Post Italia, ResetDoc and on Radio Rai3. Al Jazeera, "Patently unfair: Can waivers help solve COVID vaccine inequality?" https://www.aljazeera.com/news/2021/3/1/can-a-waiver-on-ip-rights-solve-vaccine ///(\*ak)

The World Trade Organization (WTO) General Council gathered virtually on Monday for the first of two days of talks amid increasing calls from civil society, states and nongovernmental actors to temporarily waive patents for COVID-19 vaccines and other coronavirus-related medical products**. Endorsing a waiver** on Friday, World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus said: “If not now, when?” At the core of the discussion stands a proposal (PDF) submitted in October by South Africa **and** India to suspend the WTO’s agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for the duration of the coronavirus pandemic. The goal is to facilitate the **transfer of technology** and scientific knowledge to developing **countries to ramp up the global production of vaccines and other necessary equipment. “The biggest evidence [to endorse the waiver] is people that continue to die,”** said Yuanqiong Hu, legal adviser for the Access Campaign for Doctors Without Borders (Medecins Sans Frontieres, or MSF). Several high-income countries and companies that have developed coronavirus vaccines have rejected the idea of a waiver for the duration of the pandemic. On her first day in office on Monday, WTO Director-General Ngozi Okonjo-Iweala did not endorse either side, saying that dialogue on the proposal was “intensifying”.Nearly one year into the pandemic, three-quarters of the current vaccine supply has been secured and administered by 10 countries that account for 60 percent of global economic growth, the WHO said in early February. By contrast, about 130 countries – home to 2.5 billion people – had not received a single dose, the United Nations health agency said. The UN-backed COVID-19 Vaccines Global Access Facility (COVAX), a scheme designed to boost the distribution of vaccines to low-income nations, has since begun sending shipments to some countries. Ghana and the Ivory Coast each received hundreds of thousands of doses last week and dozens of other African countries are expected to receive shipments this week, but the disparity between high- and low-income countries remains vast. The strikingly unequal distribution of vaccines has boosted support for India and South Africa’s proposal, which now counts 100 supporters among WTO members, including 58 official sponsors. Last week more than 400 organisations in the United States joined forces, calling on US President Joe Biden to endorse the waiver, while 115 members of the European Commission issued a declaration (PDF) urging the European Union to drop its opposition to the temporary suspension. The African Union on Thursday backed the relaxing of rules on intellectual property (IP), calling it a “win-win for everybody”. Several high-income countries – including the US, the United Kingdom and members of the European Union – pushed back at the WTO, arguing that waiving patents would hamper scientific innovation by deterring private investment and that existing regulations, which allow drugmakers to voluntarily engage in bilateral agreements with generic manufacturers, are already flexible enough when it comes to tackling a public health emergency. Supporters of the plan disagree that a waiver would hamper scientific development, ­­­­­­­­and point out that **vaccine developers received about $10bn in public and non-profit funding for their vaccine** candidates, with five top companies securing between $950m and $2.1bn in funding commitments, mostly from the Coalition for Epidemic Preparedness Innovations (CEPI) and the US government, as reported by The Lancet medical journal. In terms of developing countries’ production capacity, proponents of the waiver pointed to already existing networks, such as the Developing Countries Vaccine Manufacturers Network (DCVMN). Comprised of 41 members – including the Serum Institute of India, the world’s largest vaccine maker – the DCVMN has supplied some 3.5 billion vaccines to the globe annually. “There is definitely capability out there but it won’t happen overnight,” said Tahir Amin, cofounder and co-executive director of I-MAK, a global non-profit organisation advocating for equitable access to medicines. “Companies might have to do some restructuring and get funds. **But by removing IP, then governments might make investments and within a year we could have a new setup,” said Amin. “Considering mutations, more outbreaks – the fact that we need more manufacturers and not to rely on a few is imperative now,” he added. A waiver would not just enable the establishment of a practical framework to scale up production amid a pandemic, but would send a strong public health message,** according to Fatima Hassan, founder and director of the Health Justice Initiative.

#### State investments drive innovation---the corporate salvation myth is a spooky bedtime story Bregman 20 Rutger Bregman, 14 May 2020, The Correspondent. The neoliberal era is ending. What comes next? Rutger C. Bregman is a Dutch popular historian and author. He has published four books on history, philosophy, and economics, including Utopia for Realists: How We Can Build the Ideal World, which has been translated into thirty-two languages.<https://thecorrespondent.com/466/the-neoliberal-era-is-ending-what-comes-next/61655148676-a00ee89a> //AHS

In her book, Mazzucato demonstrates that **not only education and healthcare** and garbage collection and mail delivery start with the government, **but** also **real, bankable innovations**. Take the iPhone. Every sliver of technology that makes the iPhone a smartphone instead of a stupidphone (internet, GPS, touchscreen, battery, hard drive, voice recognition) was **developed by researchers on a government payroll.** And what applies to Apple applies equally to other tech giants. Google? Received a fat government grant to develop a search engine. Tesla? Was scrambling for investors until the US Department of Energy handed over $465m. (Elon Musk has been a grant guzzler from the start, with three of his companies – Tesla, SpaceX, and SolarCity – having received a combined total of almost $5bn in taxpayer money.) “The more I looked,” Mazzucato told tech magazine Wired last year, “the more I realised: **state investment is** **everywhere**.” True, sometimes the government invests in projects that don’t pay off. Shocking? No: that’s what investment’s all about. Enterprise is always about taking risks. And the problem with most private “venture” capitalists, Mazzucato points out, is that they’re not willing to venture all that much. After the Sars outbreak in 2003, **private investors quickly pulled the plug on coronavirus research.** It simply wasn’t profitable enough. Meanwhile, **publicly funded research continued**, for which the US government paid a cool $700m. (If and when a vaccine comes, you have the government to thank for that.) But maybe the example that **best** makes Mazzucato’s **case is the pharmaceutical industry**. **Almost every medical breakthrough starts in publicly funded laboratories**. **Pharmaceutical giants** like Roche and Pfizer **mostly just buy up patents** and market old medicines under new brands, and then use the profits **to pay dividends** and buy back shares (great for driving up stock prices). All of which has enabled annual shareholder payments by the 27 biggest pharmaceutical companies to multiply fourfold since 2000.

#### And lifting patents is a moral imperative that will stop the pandemic worldwide without hurting innovation or profit – empirics prove Garrett 21 Laurie Garrett, May 7, 2021, Foreign Policy. Stopping Drug Patents has Stopped Pandemics Before. Laurie Garrett is a columnist at Foreign Policy, a former senior fellow for global health at the Council on Foreign Relations, and a Pulitzer Prize-winning science writer. <https://foreignpolicy.com/2021/05/07/stopping-drug-patents-pandemics-coronavirus-hiv-aids/> //AHS

U.S. President Joe Biden’s **waiver of patent protections for U.S.-made COVID-19 drugs and vaccines is a historic milestone and a moral imperative**. It is also an overdue acknowledgement of recent experiences. **Contrary to prognostications from the pharmaceutical sector** that side-stepping the Trade-Related Aspects of Intellectual Property Rights (TRIPS) component of the World Trade Organization (WTO) will mark the death knell of **the drug industry**, the world’s response to HIV/AIDS long ago demonstrated that **patents stymie accessible treatment, cost lives, and offer little bona fide enhancement of innovation**. There are challenges that lie ahead—but harm to pharmaceutical companies or future patients who will rely on their productivity do not count among them. **Consider what happened** in the years after 1996, **when a consortium of pharmaceutical companies took the unprecedented step of sharing their HIV/AIDS treatment data and manufacturing**, **resulting in a collaboration that was the turning point for what had been a catastrophically grim pandemic**. By working together, the companies demonstrated that any one anti-HIV/AIDS drug, taken as monotherapy, would fail, possibly even hasten the pace of the disease process. But when taken in combinations of three or four drugs, made by usually rival companies, the antiviral assault was so powerful that people bounced back from the edge of death like the Biblical Lazarus who was resurrected by Jesus. As millions of HIV positive people living in wealthy countries switched overnight from planning their funerals to building up retirement accounts, the miracle of combination antiviral therapy was denied to millions more living with AIDS in sub-Saharan Africa and other poorer regions. A battle unfolded, pitting a reluctant—even obstinate— pharmaceutical industry against AIDS activists, physicians, and political leaders from bully pulpit in consultation with a team of academic experts convened by his philanthropic foundation to contrive **a tech-transfer scheme that had Western pharmaceutical companies provide their patented drug formulas** to Indian generic manufacturing companies, ultimately bringing down annual treatment costs from nearly $10,000 to less than $100. **Far from bringing chaos to the pharmaceutical industry and stifling innovation**, **the** **Clinton Foundation’s maneuver around the strict enforcement of intellectual property laws** ushered in a dramatic era of HIV drug invention that **improved the antiviral power of treatment**, lowered drug side effects, **developed new drug forms that are now taken to prevent infection, increased options for pediatric care**, **and greatly improved the methods for which HIV positive individuals could take their life-sparing treatments.** Despite the loss of guaranteed patent protection and pressure to transfer technology to, primarily, Indian pharmaceutical companies, **wealthy nations’ drug companies have profited and continue to innovate** on the HIV/AIDS front. Of the multiple COVID-19 vaccines currently in use, the most promising—the mRNA and adenovirus vector products—all arose from government-funded research, mostly based in academic research centers. AstraZeneca’s vaccine, for example, grew out of the United Kingdom’s government-back research and development at Oxford University. The Moderna and Pfizer mRNA vaccines grew out of years of National Institutes of Health-funded research in the United States and with predecessor Ebola vaccines in the Democratic Republic of the Congo, Guinea, Sierra Leone, and Liberia. China’s vaccine built on years of military immunization work. And thanks to Operation Warp Speed, many companies involved in the vaccine chain of production have benefited with a total of $18 billion of U.S. government subsidies. The speed and scale of **COVID-19 vaccine production** in the United States is largely thanks to the country’s taxpayers. This week, Pfizer reported earning $3.5 billion in profits during the first quarter of this year from its COVID-19 vaccine. Moderna earned the first profits the fledgling company has ever seen—$1.73 billion—and projects nearly $20 billion in earnings this year. Despite setbacks, both the AstraZeneca and Johnson & Johnson adenovirus vector vaccines are making handy profits, projected to each garner multiple expect to reap ample profits in 2021, both in cash and diplomacy, as they sell vaccines directly to key governments. The Novavax company, which makes a not-yet-approved protein vaccine, expects massive earnings in late 2021. Despite the threat of patent-voiding, all of these companies—as well as a long list of would-be **vaccine makers** further back in the research and development pipeline—**have continued to innovate**, trying to find formulations that can battle variant strains of the virus; be stored at room temperature; and get administered via skin patches, orally, or in a nasal mist. The creativity at these companies continues—**and there’s no reason to think it will stop anytime soon.**